

# Application for Federal Assistance

2. DATE SUBMITTED <b>March 9, 1998</b>		Application Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION: <b>Application</b>	<b>Preapplication</b>
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

## 5. APPLICANT INFORMATION

Legal Name <b>&lt;Organization Name&gt;</b>	Organizational Unit <b>&lt;department, division, etc.&gt;</b>
Address (give city, county, state, and zip code)  <b>&lt;street address&gt;</b> <b>&lt;city, state, zip&gt;</b> <b>&lt;county&gt;</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>&lt;contact name&gt;</b> <b>&lt;telephone number&gt;</b> <b>&lt;FAX number&gt;</b> <b>&lt;Internet address&gt;</b>

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

1	2	3	4	5	6	7	8	9
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## 8. TYPE OF APPLICATION:

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	<input type="checkbox"/> Revision
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If revision, enter appropriate letter(s) in box(es):

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	E. Other (specify):	

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.552

TITLE: Telecommunications and Information Infrastructure Assistance Program

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

**<names of cities, counties, etc.>**

## 7. TYPE OF APPLICANT: (Enter appropriate letter in box)

**N**

- |                     |   |
|---------------------|---|
| A. State            | H. Independent School District                      |
| B. County           | I. State Controlled Institution of Higher Education |
| C. Municipal        | J. Private University                               |
| D. Township         | K. Indian Tribe                                     |
| E. Interstate       | L. Individual                                       |
| F. Intermunicipal   | M. Profit Organization                              |
| G. Special District | N. Other (specify) <u>non-profit</u>                |

## 9. NAME OF FEDERAL AGENCY:

National Telecommunications and Information Administration

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Community Networking

"The City On-Line Project"

## 13. PROPOSED PROJECT:

Start Date <b>10/1/98</b>	Ending Date <b>9/30/00</b>
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## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant <b>&lt;state&gt;-3</b>	b. Project <b>&lt;state&gt;-3,5,7-9</b>
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## 15. ESTIMATED FUNDING:

a. Federal	\$	<b>84,017.00</b>
b. Applicant	\$	<b>46,586.00</b>
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	<b>44,000.00</b>
f. Program Income	\$	.00
g. TOTAL	\$	<b>174,603.00</b>

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE **March 9, 1998**b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation No ☐

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative <b>&lt;authorized representative's name&gt;</b>	b. Title <b>&lt;title&gt;</b>	c. Telephone Number <b>xxx-xxx-xxxx</b>
d. Signature of Authorized Representative <b>&lt;authorized representative's signature&gt;</b>		e. Date Signed <b>March 9, 1998</b>